DATE: _____

ST. ADDRESS: _____

CITY OF TOLEDO
WATER/SEWER UTILITY CHANGES

☐ CONTACT ACCT (OWNER)

☐ ACCOUNT (RENTER)

NEW **ACCOUNT NAME:** _____ ACCT. # _____

_____ _____ _____

Mailing Address (PO Box/Street) City/State Zip

(_____) _____ _____

Phone # Email

☐ CONTACT ACCT (OWNER)

☐ ACCOUNT (RENTER)

CURRENT ACCOUNT NAME: _____ ACCT. # _____

_____ _____ _____

Mailing Address (PO Box/Street) City/State Zip

(_____) _____ _____

Phone # Email

Reason for change _____

Change to be Effective _____ Service Fee $ _____

DATE

☐ **WATER/SEWER FACT SHEET EXPLAINED AND GIVEN TO CUSTOMER**

☐ **THE DIFFERENCE BETWEEN TURNED OFF AND TERMINATED HAS BEEN EXPLAINED**

X _____ **X** _____

Signature of Current Account Holder Signature of New Account Holder

FOR OFFICE USE ONLY

WATER METER TO BE READ _____ METER READING _____

DATE

WATER TO BE TURNED OFF _____ EMPLOYEE SIGNATURE _____

DATE

SERVICE TO BE TERMINATED _____ DISCONNECTION APP RECEIVED ☐ EMPLOYEE SIGNATURE _____

DATE

SERVICE TO BE CONNECTED _____ CONNECTION APP RECEIVED ☐ EMPLOYEE SIGNATURE _____

DATE

MOVE IN/MOVE OUT	SERVICE FEE	FINAL BILL	BALANCE TRANSFER	ACCOUNT CHANGES	NEWSLETTER LIST
DATE OUT:	BILLED:	DATE:	DATE:	DATE:	DATE:
DATE IN:	□ WATER □ SEWER	AMT: $	AMT: $	□ name □ address	
OWNER CHANGE: □ YES □ NO	PAID:			□ phone □ email	